

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000100566

FILED  
Jan 16, 2005  
Secretary of State

Entity Name: FRIENDLY CHIROPRACTIC CENTER, INC.

## Current Principal Place of Business:

10505 GALLERIA STREET  
WELLINGTON, FL 33414

## New Principal Place of Business:

1962 SOUTH CONGRESS AVE  
PALM SPRINGS, FL 33406

## Current Mailing Address:

10505 GALLERIA STREET  
WELLINGTON, FL 33414

## New Mailing Address:

1962 SOUTH CONGRESS AVE  
PALM SPRINGS, FL 33406

FEI Number: 20-1325586

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

JEAN, WISNER  
10505 GALLERIA STREET  
WELLINGTON, FL 33414 US

## Name and Address of New Registered Agent:

JEAN, WISNER  
10505 GALLERIA STREET  
WELLINGTON, FL 33414 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: WISNER JEAN, DC

01/16/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: JEAN, WISNER  
Address: 10505 GALLERIA STREET  
City-St-Zip: WELLINGTON, FL 33414

Title: VP ( ) Delete  
Name: ST-HILAIRE, JOANISTE  
Address: 10505 GALLERIA STREET  
City-St-Zip: WELLINGTON, FL 33414

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: ST-HILAIRE, JOANISTE  
Address: 10582 GALLERIA STREET  
City-St-Zip: WELLINGTON, FL 33414

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WISNER JEAN, DC

P

01/16/2005

Electronic Signature of Signing Officer or Director

Date